

Well Name \_\_\_\_\_



DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF GAS AND OIL  
P.O. BOX 1416  
ABINGDON, VA 24210  
(276) 676-5423

APPLICATION FOR EXEMPTION FROM INJECTION REQUIREMENT

WELL NUMBER \_\_\_\_\_

WELL LOCATION \_\_\_\_\_  
\_\_\_\_\_

WELL OPERATOR \_\_\_\_\_

GEO THERMAL AREA \_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUESTING EXEMPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES REQUEST REPRESENT DEVIATION FROM APPROVED OPERATION PLAN? \_\_\_YES\_\_\_NO

PROPOSED DISPOSAL METHOD:

Evaporation pond \_\_\_\_\_  
Percolation basin \_\_\_\_\_  
Municipal wastewater treatment plant \_\_\_\_\_

ATTACHMENTS:

\_\_\_\_\_ Plan for alternative disposal method  
\_\_\_\_\_ Copy of no-discharge permit  
\_\_\_\_\_ Effect of alternative disposal method on reservoir pressure and temperature  
\_\_\_\_\_ Effect of alternate disposal method on subsidence

WELL OPERATOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE \_\_\_\_\_

DESIGNATED AGENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE \_\_\_\_\_